

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

ADDRESS (number and street)

3737 EXECUTIVE CENTER DR STE 268

☐Check if different
than previously
reported. (ACC)

AUSTIN

TX

78731

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00393728

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

11

07

2006

in the
State of

TX

(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

01

2006

through

10

18

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ms Anita Bradberry

Signature of Treasurer

Electronically Filed by Ms Anita Bradberry

Date

10

26

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	8	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		4020.93
(b) Cash on Hand at Beginning of Reporting Period	16921.66	
(c) Total Receipts (from Line 19)	5634.00	14489.47
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	22555.66	18510.40
7. Total Disbursements (from Line 31)	6049.33	2004.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	16506.33	16506.33
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

Report Covering the Period:

From:

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	6

To:

M	M
1	0

D	D
1	8

Y	Y	Y	Y
2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	5450.00	12329.21
(i) Itemized (use Schedule A)		
(ii) Unitemized	184.00	2088.26
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➡	5634.00	14417.47
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➡	5634.00	14417.47
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	72.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	5634.00	14489.47
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5634.00	14489.47

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		49.33	504.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....		49.33	504.07
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		6000.00	1500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	0.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	0.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		6049.33	2004.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		6049.33	2004.07

DETAILED SUMMARY PAGE

of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	5634.00	14417.47
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5634.00	14417.47
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	49.33	504.07
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	72.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	49.33	432.07

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

A. Full Name (Last, First, Middle Initial) Ms. Jennie Baird Mailing Address 320 McKinney City State Zip Code Corsicana TX 75110 FEC ID number of contributing federal political committee. C Name of Employer Angels At Home, Inc. Occupation RN-Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4907 Amount of Each Receipt this Period 500.00 Contribution
B. Full Name (Last, First, Middle Initial) Ms. Marcyllie Combs Mailing Address 1330 Teasley Lane, Suite 101 City State Zip Code Denton TX 76206 FEC ID number of contributing federal political committee. C Name of Employer Foundation Management Services Occupation President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4903 Amount of Each Receipt this Period 225.00 Contribution
C. Full Name (Last, First, Middle Initial) Ms. Kathy Dietert Mailing Address P.O. Box 2272 City State Zip Code Kerrville TX 78028 FEC ID number of contributing federal political committee. C Name of Employer TriCounty HHA Occupation RN/DHCS/Owner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4906 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional) ▶		1725.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

A. Full Name (Last, First, Middle Initial) Bobby Laughry Mailing Address 4800 Oakwood Dr. City State Zip Code Odessa TX 79761 FEC ID number of contributing federal political committee. C Name of Employer Nurses Unlimited, Inc. Occupation CEO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4910 Amount of Each Receipt this Period 100.00 (\$100.00 monthly) payroll deduction
B. Full Name (Last, First, Middle Initial) Ms. Dana Madison Mailing Address 3510 156th Street City State Zip Code Lubbock TX 79423 FEC ID number of contributing federal political committee. C Name of Employer Calvart Home Health Care Occupation Administrator Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2500.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4911 Amount of Each Receipt this Period 2500.00 Contribution
C. Full Name (Last, First, Middle Initial) Mr. Roberto Rodriguez Mailing Address 23702 Jenkin's Hill City State Zip Code San Antonio TX 78255 FEC ID number of contributing federal political committee. C Name of Employer Access Quality Therapy Sv-c. Occupation President/CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 1 7 / 2 0 0 6 Transaction ID: SA11A1.4908 Amount of Each Receipt this Period 1000.00 Contribution
SUBTOTAL of Receipts This Page (optional) ▶		3600.00
TOTAL This Period (last page this line number only) ▶		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 10

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

A. Full Name (Last, First, Middle Initial) Ms. Tisa Wheeler			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 5741 Hidden Creek			Transaction ID: SA11A1.4898	
City Frisco		State TX	Zip Code 75034	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 25.00	
Name of Employer Sovereign Home Health		Occupation Administrator/DON RN		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		
B. Full Name (Last, First, Middle Initial) Mr. Larry William			Date of Receipt M M / D D / Y Y Y Y 1 0 / 1 7 / 2 0 0 6	
Mailing Address 700 South 11th			Transaction ID: SA11A1.4901	
City Richmond		State TX	Zip Code 77469	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period 100.00	
Name of Employer Consolidated Home Health		Occupation Administrator		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

5450.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 10

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

Full Name (Last, First, Middle Initial)

A. Merchant Bankcard Services

Mailing Address P.O. Box 1715

City
Martinez

State
CA

Zip Code
94553

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.4916

Date of Disbursement

10 / 03 / 2006

Amount of Each Disbursement this Period

44.83

SUBTOTAL of Disbursements This Page (optional) ►

44.83

TOTAL This Period (last page this line number only) ►

44.83

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 / 10

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

TEXAS ASSOCIATION FOR HOME CARE INC CONGRESSIONAL HOME CARE DEFENSE FUND

Full Name (Last, First, Middle Initial)

A. CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City Ennis State TX Zip Code 75120

Purpose of Disbursement
Campaign Contribution

Candidate Name
CONGRESSMAN JOE BARTON COMMITTEE, THE

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 06

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4912

Date of Disbursement

10 / 05 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. LOUIE GOHMERT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 8060

City TYLER State TX Zip Code 75711

Purpose of Disbursement
Campaign Contribution

Candidate Name
LOUIE GOHMERT FOR CONGRESS COMMITTEE

Office Sought: ☒ House
☐ Senate
☐ President

State: TX District: 1

Disbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

011
Category/
Type

Transaction ID: SB23.4913

Date of Disbursement

10 / 17 / 2006

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

6000.00